



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 4039

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/028,156	<b>FILING OR 371(c) DATE</b> 12/21/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> LPT-3001-UT2	
<b>APPLICANTS</b> Roger A. Sabbadini, Lakeside, CA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/257,926 12/22/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/31/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 35938					
<b>TITLE</b> COMPOSITIONS AND METHODS FOR THE TREATMENT AND PREVENTION OF CARDIOVASCULAR DISEASES AND DISORDERS, AND FOR IDENTIFYING AGENTS THERAPEUTIC THEREFOR					
<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		